



Metastatic Breast Cancer

PUBLICATION The ACCC Metastatic Breast Cancer project identified effective principles and practices in supporting this patient population. Read how three ACCC Cancer Program members demonstrate these principles as they prioritize meeting the unique needs of patients with advanced breast cancer. Plus, check out the project's new interactive resource center. Both at acc-cancer.org/metastaticbreastcancer.



Integration of Pathology & Cancer Team

RESOURCE Greater understanding of cancer biology continues to reshape how we diagnose and treat cancer. Advances in targeted therapies and the demand for biomarker testing mandates closer integration between pathology and the cancer care team. At ACCC's Integration of Pathology in Oncology Care Leadership Summit, participants outlined action items to help bring processes and policies into closer alignment with scientific progress. Learn more at acc-cancer.org/pathology.



Multidisciplinary Multiple Myeloma Care

WEBINAR Managing patients with multiple myeloma has become more complex. Through the ACCC Multidisciplinary Multiple Myeloma Care education project, access an on-demand webinar that reviews data and key findings from ASCO 2018, and then read a new publication that recaps multiple myeloma management updates and describes how three community cancer programs deliver care for this less commonly seen cancer at acc-cancer.org/multiple-myeloma.



IO (Immuno-Oncology) Insights

RESOURCE The ACCC Immuno-Oncology Institute brought together leading experts in four Working Groups focused on current and future imperatives to advance access to and delivery of immunotherapy for cancer. Read IO Insights from these thought leaders in the areas of Big Data, Telemedicine, Multispecialty Coordination & Communication, and Training & Education at acc-cancer.org/immunotherapy; then join the discussion on ACCExchange.



2 CMS Memos Signal Significant Changes for MA & Part D Plans

BLOG ACCC remains concerned about the impact of the Prior Authorization and Step Therapy for Part B Drugs in Medicare Advantage memo and the Indication-Based Formulary Design Beginning in Contract Year (CY) 2020 memo and how they will impact ACCC cancer programs and their patients. Read more about these proposed changes at acc-cancer.org/acccbuzz.

fast



Despite the high prevalence of obesity among U.S. adults, treatments for obesity remain low. Providers cite

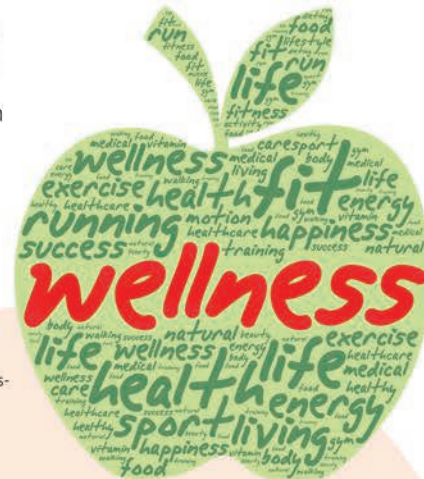
lack of time and lack of knowledge as major barriers to treating patients with obesity.

Source: Turner M, et al. Current knowledge of obesity treatment guidelines by health care professionals. *Obesity*. 23 March 2018. doi.org/10.1002/oby.22142.

5 Key Considerations to Make Your Wellness Programs Work Better

- 1. Recognize that your employees are living and working longer.** Maintaining health is important for ensuring productivity and reducing healthcare costs.
- 2. Understand that your employees are not living or working healthier.** This is the principal cause of rising healthcare costs and contributes to absenteeism and "presenteeism" (coming to work sick).
- 3. Wellness programs can help fill the skill gap.** 8 in 10 employees surveyed say that the presence or absence of a wellness program would be key in their job-hunting decisions.
- 4. Wellness embraces body and mind.** Physical health should be considered inseparable from mental and emotional health.
- 5. Technology can hurt; technology can help.** Wellness programs can help employees be intentional and self-disciplined about how they use technology tools.

Source: 3BLMedia. 3blmedia.com/News/How-Make-Wellness-Programs-Work-Better-Workplace.



facts

Most States are Failing to Address Opioid Crisis



- Just **13** states and Washington, D.C., have implemented comprehensive, proven actions to eliminate opioid overdoses and help protect their residents.

- **14** states that received the highest mark of “Improving”: Arizona, Connecticut, Delaware, Washington, D.C., Georgia, Michigan, Nevada, New Hampshire, New Mexico, North Carolina, Ohio, Rhode Island, Virginia, and West Virginia.
- These **8** states received a “Failing” mark: Arkansas, Iowa, Kansas, Missouri, Montana, North Dakota, Oregon, and Wyoming

Source: National Safety Council. [safety.nsc.org/prescription-nation-facing-americas-opioid-epidemic](https://www.safety.nsc.org/prescription-nation-facing-americas-opioid-epidemic).

Meal Delivery Programs May Reduce the Use of Costly Healthcare



- A medically tailored meal delivery service provided to homebound and critically or chronically ill individuals was associated with a **16%** net reduction in healthcare costs.
- Participants in two meal programs experienced fewer emergency department visits and emergency transportation services; patients receiving medically tailored meals also had fewer inpatient admissions.

Source: Berkowitz SA, et al. Meal delivery programs reduce the use of costly health care in dually eligible Medicare and Medicaid beneficiaries. *Health Affairs*. doi.org/10.1377/hlthaff.2017.0999.



New study finds that 24% of women seen in the obstetrics-gynecology setting met NCCN Guidelines for hereditary cancer genetic testing.

Source: DeFrancesco MS and Waldman RN. Hereditary Cancer Genetic Testing in Community-Based Obstetrics and Gynecology Settings. 2018 American College of Obstetricians and Gynecologists (ACOG) Annual Meeting.

Socioeconomic Status May Help Explain U.S. Childhood Cancer Survival Rates

- For **9** cancers, black children were significantly more likely to die than white children, with an increased risk ranging from **38%** with neuroblastoma, a form of brain cancer, to **95%** with astocytoma, a different type of brain cancer.
- For **6** cancers, Hispanic children were more likely to die than white children, with an increased risk ranging from **31%** with neuroblastoma to **65%** with non-Hodgkin lymphoma.
- These findings add to the large body of evidence linking factors like limited education, low income, and issues with the access and affordability of care to worse survival rates for cancer.

Source: Kehm RD, et al. Does socioeconomic status account for racial and ethnic disparities in childhood cancer survival? *Cancer*. 20 August 2018. doi.org/10.1002/cncr.31560.

